

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesThe American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

ADDRESS (number and street)

4720 Montgomery Lane

PO Box 31220

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20824

1220

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00089086

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christina A. Metzler

Signature of Treasurer

Electronically Filed by Christina A. Metzler

Date

06

17

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 23

Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAAC)

Report Covering the Period:

From:

M M
0 5D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 5D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		132896.92
(b) Cash on Hand at Beginning of Reporting Period	105652.09	
(c) Total Receipts (from Line 19)	40847.21	101255.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146499.30	234152.19
7. Total Disbursements (from Line 31)	2257.69	89910.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	144241.61	144241.61
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information contact:**Federal Election Commission
999 E street, NW
Washington, DC 20463Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10343.64	25736.56
(ii) Unitemized	30473.04	75393.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40816.68	101130.49
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40816.68	101130.49
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	30.53	124.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40847.21	101255.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40847.21	101255.27

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	257.69	1410.58	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	257.69	1410.58	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	88000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	500.00	500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2257.69	89910.58	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2257.69	89910.58	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	40816.68	101130.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40816.68	101130.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	257.69	1410.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	257.69	1410.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Mr William Edward Janes

Mailing Address 511 S. Church St.

City

Belleville

State

IL

Zip Code

62220-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: 34736721

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Mr William Edward Janes

Mailing Address 511 S. Church St.

City

Belleville

State

IL

Zip Code

62220-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 34736722

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Susan J Harris

Mailing Address 2124 Sunset Blvd

City

San Diego

State

CA

Zip Code

92103-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapy Specialists

Occupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 34736729

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Susan Bruch Nochajski

Mailing Address 41 Matejko St

City

Buffalo

State

NY

Zip Code

14206-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Buffalo, SU-
NY

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 0

Transaction ID: 34736730

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jan Rowe

Mailing Address 2443 Indian Lake Dr

City

Birmingham

State

AL

Zip Code

35244-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Alabama @ Birming-
ham

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 0

Transaction ID: 34736734

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Yvonne Michielle Randall

Mailing Address 6576 Appletree Cir

City

Las Vegas

State

NV

Zip Code

89103-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro University Nevada

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: 34736735

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

185.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Bailey

Mailing Address 3832 Conquista Ave

City

Long Beach

State

CA

Zip Code

90808-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoag Hospital

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 34753906

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Thomas Berthelette

Mailing Address 2511 W Azelee St

City

Tampa

State

FL

Zip Code

33609-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressus Therapy, LLC

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 34753917

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jamie Sue Sickels

Mailing Address 2153 Palmer Cir

City

Iowa City

State

IA

Zip Code

52240-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aegis Therapies

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 0

Transaction ID: 34765846

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Mr Donn Edward Crouse li

Mailing Address Ste 900

3195 Dayton Xenia Rd

City

Beavercreek

State

OH

Zip Code

45434-6391

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Crouse Consultin & Th-
erapy Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 34766729

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Virginia Carroll Stoffel

Mailing Address 8640 N Pelham Pkwy

City

Bayside

State

WI

Zip Code

53217-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Wisconsin - Milw-
aukee

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 34767121

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Esther Bernice Bell

Mailing Address 203 McClure St

City

Gonzales

State

TX

Zip Code

78629-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 1 0

Transaction ID: 34767125

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Beverly Joan Gaines

Mailing Address 22 Red Oak Rd

City

Asheville

State

NC

Zip Code

28804-2351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34767212

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Donna D Hopkins

Mailing Address 306 W Harvey St

City

McAllen

State

TX

Zip Code

78501-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer
LiHallmark Rehab

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 34767502

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Diane Freeman

Mailing Address 11035 E Richfield Rd

City

Davison

State

MI

Zip Code

48423-8517

FEC ID number of contributing
federal political committee.

C

Name of Employer
not provided - have requested

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914348

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee (AOTPA)

A.

Full Name (Last, First, Middle Initial)

Gloria R Lucker

Mailing Address Ste 234

2495 Main St

City

Buffalo

State

NY

Zip Code

14214-2152

FEC ID number of contributing federal political committee.

C

Name of Employer
DBA Optimal Therapy Associates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 34914424

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Teri L Black

Mailing Address 1106 Droster Rd

City

Madison

State

WI

Zip Code

53716-1524

FEC ID number of contributing federal political committee.

C

Name of Employer
Madison Area Technical College

Occupation

Occupational Therapy Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 34914430

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mary Kay Currie

Mailing Address 3548 Weddell St

City

Dearborn

State

MI

Zip Code

48124-3840

FEC ID number of contributing federal political committee.

C

Name of Employer
Detroit Medical Center

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 34914431

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Denise Chisholm

Mailing Address 1603 Heritage Drive

City

Pittsburgh

State

PA

Zip Code

15237-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Pittsburgh, Dept
of OT

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

Transaction ID: 34914439

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard Michael Valdenegro

Mailing Address 1004 Calle Parque Dr

City

El Paso

State

TX

Zip Code

79912-7502

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA/Therapy Contract Svcs
of El Paso

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914458

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Janice Burke

Mailing Address 1930 Cathedral Rd

City

Huntingdon Valley

State

PA

Zip Code

19006-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Jefferson Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914465

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Shawn Christopher Phipps

Mailing Address 3827 Evans St Apt 6

City

Los Angeles

State

CA

Zip Code

90027-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Angeles Crity Dept of
Public Health

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914468

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Guy Louis McCormack

Mailing Address 2615 Vail Dr

City

Columbia

State

MO

Zip Code

65203-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Missouri-Co-
lumbia

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914472

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

L Diane Parham

Mailing Address 11 Calle Cobre

City

Placitas

State

NM

Zip Code

87043-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of New Mexico

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914477

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Juliann Thomas

Mailing Address 4464 Meadow Creek Ct

City

Toledo

State

OH

Zip Code

43614-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Toledo

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914478

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Wendy Coster

Mailing Address 4 Harley Ln

City

Foxboro

State

MA

Zip Code

02035-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston University (sargent
College)

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914479

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Frank E Gainer

Mailing Address 1447 Corcoran St Nw

City

Washington

State

DC

Zip Code

20009-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Occupational The-
rapy Assoc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914482

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

George Stuart Tomlin

Mailing Address 3716 N 9th St

City

Tacoma

State

WA

Zip Code

98406-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Puget Sound

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914484

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Diane P Pickel

Mailing Address 13604 W 54th St

City

Shawnee

State

KS

Zip Code

66216-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Therapy Associates LLC

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914486

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Gail Fisher

Mailing Address 1003 S Elmwood Ave

City

Oak Park

State

IL

Zip Code

60304-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.36

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914490

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Marc Schaffer

Mailing Address 4820 Emerald Ln

City

Brunswick

State

OH

Zip Code

44212-1175

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Augustine Health Camp-
us

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914498

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Kimberly Bryze

Mailing Address 4001 Elm St

City

Downers Grove

State

IL

Zip Code

60515-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwestern Univ

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914499

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Izel Obermeyer

Mailing Address 33 Pine Rd

City

Briarcliff Manor

State

NY

Zip Code

10510-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultant - self employed
Occupationa

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914514

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph Ryan Troutd

Mailing Address Po Box 134

City

Guernsey

State

WY

Zip Code

82214-0134

FEC ID number of contributing
federal political committee.

C

Name of Employer
StudentOccupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 34914530

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Penelope A Moyers Cleveland

Mailing Address 516 2nd Ave

City

Pleasant Grove

State

AL

Zip Code

35127-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Alabama at Birmin-
ghamOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 0

Transaction ID: 34914573

Amount of Each Receipt this Period

60.92

C.

Full Name (Last, First, Middle Initial)

Brent Howard Braveman

Mailing Address Unit 3c
1447 W Victoria St

City

Chicago

State

IL

Zip Code

60660-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of IllinoisOccupation
Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 1 0

Transaction ID: 34914578

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

291.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

Karen Lindsay Pimentel

Mailing Address 2009 E Glengarry Way

City

Fresno

State

CA

Zip Code

93730-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Hand to Shoulder Reha-
b., Inc.

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 1 0

Transaction ID: 35171686

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Esther Bernice Bell

Mailing Address 203 McClure St

City

Gonzales

State

TX

Zip Code

78629-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0

Transaction ID: 35171694

Amount of Each Receipt this Period

30.50

C.

Full Name (Last, First, Middle Initial)

Karen Frank Barney

Mailing Address The Edison Condominiums
400 S 14th Street, Ste 1211

City

Saint Louis

State

MO

Zip Code

63103-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis University

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Transaction ID: 35172186

Amount of Each Receipt this Period

30.46

SUBTOTAL of Receipts This Page (optional)

310.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPA)

A.

Full Name (Last, First, Middle Initial)

Sheri Montgomery

Mailing Address 313 Herschler Ave

City

Evanston

State

WY

Zip Code

82930-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uinta County School Dist
#4

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.30

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Transaction ID: 35172762

Amount of Each Receipt this Period

30.50

B.

Full Name (Last, First, Middle Initial)

Gloria R Lucker

Mailing Address Ste 234
2495 Main St

City

Buffalo

State

NY

Zip Code

14214-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
DBA Optimal Therapy Assoc-
iates Service

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: 35172764

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

60.92

TOTAL This Period (last page this line number only)

10343.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees on account

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 34921766

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

257.69

bank fees on account

SUBTOTAL of Disbursements This Page (optional)

257.69

TOTAL This Period (last page this line number only)

257.69

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOTPAC)

A. Full Name (Last, First, Middle Initial) Mcnerney For Congress	Transaction ID: 34922293 Date of Disbursement
Mailing Address 6520 Village Parkway Second Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 0</div> </div>
City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name Rep. Jerry Mcnerney	<div> <div>1000.00</div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	campaign contribution
B. Full Name (Last, First, Middle Initial) Barbara Lee For Congress	Transaction ID: 34922302 Date of Disbursement
Mailing Address 1736 Franklin Street #550	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 0</div> </div>
City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name Rep. Barbara Lee	<div> <div>1000.00</div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	campaign contribution
C. Full Name (Last, First, Middle Initial) Nita Lowey For Congress	Transaction ID: 34922303 Date of Disbursement
Mailing Address PO Box 271	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 0</div> </div>
City White Plains State NY Zip Code 10605	Amount of Each Disbursement this Period
Purpose of Disbursement campaign contribution Candidate Name Rep. Nita M. Lowey	<div> <div>500.00</div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	campaign contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOT PAC)

A. Full Name (Last, First, Middle Initial)
Capuano For Senate Committee

Mailing Address 172 Central St

City Somerville State MA Zip Code 02145

Purpose of Disbursement
Void - Capuano For Senate Committee

Candidate Name
Mr. Michael Capuano

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 34983244

Date of Disbursement

MM / DD / YY
05 / 25 / 2010

Amount of Each Disbursement this Period

-1000.00

Void - Capuano For Senate
Committee

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The American Occupational Therapy Association, Inc. Political Action Committee
(AOT PAC)

A.

Full Name (Last, First, Middle Initial)

Kennedy for Senate

Mailing Address PO Box 73

City
Buffalo

State
NY

Zip Code
14220

Purpose of Disbursement

Tim Kennedy, STATE SENATE 58 NY campaign contribution

Candidate Name

Tim Kennedy

011
Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: NY

District:

Transaction ID: 34922294

Date of Disbursement

05 / 20 / 2010

Amount of Each Disbursement this Period

500.00

Tim Kennedy, STATE SENATE
58 NY campaign contributi-
on

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00